



Replacement Sheet

4/6

COGENT MEDICINE Web tools for clinical excellence

COGENT MEDICINE

Home About Cogent Medicine Contact Us New Editors Choice | Search MEDLINE | My Library | My Queries | My Profile | Log Out

ICD-9-CM Evidence-Based Medicine MEDLINE® Search

ICD-9-CM Term Finder: Heroin

Evidence-Based Medicine Filter: Heroin

Source: Cogent Medicine, Cochrane Library, ASCender's York, UCSF

Search

NEUROTIC DISORDERS, PERSONALITY DISORDERS, AND OTHER NONPSYCHOTIC MENTAL DISORDERS

- > Neurotic disorders
- > Personality disorders
- > Sexual deviation and disorders
- > Alcohol dependence syndrome
- > Drug dependence
 - > Opioid type dependence
 - > Heroin
 - > Meperidine
 - > Methadone
 - > Morphine
 - > Opium
 - > Opium alkaloids and their derivatives
 - > Synthetic analgesics with morphine-like effects
 - > Nondependent abuse of drugs
- > MENTAL RETARDATION

FIGURE 4

Replacement Sheet

5/6

The screenshot shows a search results page for MEDLINE. At the top, there is a logo for COGENT MEDICINE with the tagline "Web tools for clinical research". The main title is "MEDLINE® Search Results". Below the title, there are buttons for "Edit Query", "Save", and "Query". A search query is displayed: "ICD/EM QUERY DETAILS : ((Term equals "heroin") (Filter equals "COM"))". The search results list 7 items, each with a checkbox, an ID number, an author list, and a brief abstract. The abstracts are as follows:

- 1. Lert F, Bruneau J, Stavert J. Understanding polydrug use: review of heroin and cocaine co-use. *Addiction*. 2003 Jun;98(4):7-22. PMID: 12492761
- 2. Kirchmayer L, Davoli M, Vestergaard AD, et al. A systematic review on the efficacy of naltrexone maintenance treatment in opioid dependence. *Addiction*. 2002 Oct;97(10):1241-9. PMID: 12359026
- 3. D'Aunno T, Pollack HA. Changes in methadone treatment practices: results from a national panel study, 1988-2000. *JAMA*. 2002 Aug 21;288(7):350-6. PMID: 12186602
- 4. Matlick RP, Kimber J, Brown C, et al. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database Syst Rev*. 2002;(4):CD002207. PMID: 12516569
- 5. Matlick RP, Brown C, Kimber J, et al. Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. *Cochrane Database Syst Rev*. 2002;(4):CD002208. PMID: 12516570
- 6. Kirchmayer L, Davoli M, Vestergaard A. Naltrexone maintenance treatment for opioid dependence. *Cochrane Database Syst Rev*. 2002;(2):CD003331. PMID: 12076406
- 7. Gowrisankar A, Ali R, White J. Buprenorphine for the management of opioid withdrawal. *Cochrane Database Syst Rev*. 2002;(2):CD002025. PMID: 12076434

FIGURE 5

Replacement Sheet

6/6

The screenshot shows a search result for "Dr. Sigmund Freud's Library". The left sidebar lists various categories under "Dr. Sigmund Freud's Library", including "Medical Oncology", "Radiation Oncology", "Psychiatry" (with sub-categories like ADHD, Child & Adult, Eating Disorders, Emergency Psychiatry, Mood Disorders, Pharmacological Agents, Schizophrenia and other Psychotic Disorders, Sexual and Gender Identity Disorders, Sleep Disorders, Somatoform Disorders), "Substance-Related Disorders" (with sub-categories like Alcohol, Amphetamine, Cocaine, Opioids), and "My Saved Citations" and "Polysubstances". The right side displays the "Selected Citation Details" for a specific article:

PMID: 12126602
Title: Changes in methadone treatment practices: results from a national panel study, 1988-2000.
Author: D'Aunno T, Polack HA
Source: JAMA. 2002 Aug 21;288(7):830-6.
Abstract: CONTEXT: Results from several studies conducted in the early 1980s showed that the majority of US methadone maintenance programs did not use treatment practices that met established standards for the care of heroin users. Effective treatment for heroin users is critical given the upsurge in heroin use and the continued role of injectable drug use in the human immunodeficiency virus and hepatitis C epidemics. OBJECTIVES: To examine the extent to which US methadone maintenance treatment programs have made changes in the past 12 years to provide adequate methadone doses and to identify factors associated with variation in program performance. DESIGN, SETTING, AND PARTICIPANTS: Program directors and clinical supervisors of nationally representative methadone treatment programs that varied by ownership (for-profit, public, or private not-for-profit) and setting (eg, free-standing, hospital-based) were surveyed in 1988 (n = 172), 1990 (n = 140), 1995 (n = 116), and 2000 (n = 150). MAIN OUTCOME MEASURES: Percentage of patients in each treatment program receiving methadone dosages of less than 40, 60, and 80 mg/d. RESULTS: The percentage of patients receiving methadone dosage levels less than the recommended 60 mg/d has decreased from 79.5% in 1988 to 35.3% in 2000. Results also show that programs with a greater percentage of African American patients are especially likely to dispense low dosages, while programs with Joint Commission on Accreditation of Healthcare Organizations accreditation are more likely to provide adequate methadone doses. CONCLUSIONS: Efforts to improve methadone treatment practices appear to be making progress, but many patients are still receiving substandard care.

FIGURE 6